

# THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

State File No. 13703

 20837  
 FILED APR 20 1953 REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5308 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural-Blackwater Twp.</b>		c. LENGTH OF STAY (in this place) <b>8 hours</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural-Blackwater Township</b>		d. STREET ADDRESS (If rural, give location) <b>4 miles south of Nelson</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 miles south of Nelson</b>				d. STREET ADDRESS (If rural, give location) <b>4 miles south of Nelson</b>			
3. NAME OF DECEASED (Type or Print) James		a. (First)		b. (Middle)		c. (Last)	
David		Caton		4. DATE OF DEATH April 12, 1953			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>April 12, 1953</b>	
9. AGE (in years last birthday)		10. UNDER 1 YEAR		11. UNDER 1 YEAR		12. UNDER 1 YEAR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Cooper County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>David Edward Caton</b>		13b. MOTHER'S MAIDEN NAME <b>Elsie Dean Hanlin</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>David Edward Caton Nelson, Mo. R#2</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pre-Mature</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>Lived 1 Year</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>776X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>4/12</b> , 1953, to <b>4/12</b> , 1953 that I last saw the deceased alive on <b>4/12</b> , 1953 and that death occurred at <b>9:00 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. H. Marshall</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>Marshall Mo</b>		23c. DATE SIGNED <b>4/12/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 13, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Salt Fork Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Cooper County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-13-53</b>		REGISTRAR'S SIGNATURE <b>D. Cooper</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Campbell-Lewis</b>		ADDRESS <b>MARSHALL, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*James H. Lewis*

Licensed Embalmer No. *4709*

P. O. Address *Marshall Mo.*

*This body was not embalmed*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.